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California Army National Guard  
Sacramento, CA

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California Air National Guard  
Regulation 173-30

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## Transportation and Travel

### STATE TRAVEL PROCEDURES

FOR THE GOVERNOR:

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*Major General  
The Adjutant General*

OFFICIAL:



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**Summary.** This regulation provides State Travel policies and procedures.

**Applicability.** This regulation applies to State Civil Service and State Active Duty employees of the Military Department.

**Interim changes.** Interim changes in this regulation are not official unless they are authenticated by the State Comptroller.

**Suggested improvements.** Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms), directly to Office of the Adjutant General, ATTN: CAST-AP.

**Distribution.** Distribution of this regulation is Army - A and Air Force - F.

**History.** This regulation supersedes CA ARNGR 55-1/CA ANGR 173-30 dated 1 July 1995.

#### Contents (Listed by paragraph and page number)

##### Chapter 1 General

Scope • 1-1, *page 1*  
Responsibility • 1-2, *page 1*  
Definitions • 1-3, *page 1*  
Guidelines • 1-4, *page 1*  
Travel Advances • 1-5, *page 2*

##### Chapter 2 Travel Authority

In-State • 2-1, *page 2*  
Out-of-State • 2-2, *page 2*

##### Chapter 3 Travel Allowances

In-State Allowance • 3-1, *page 2*  
Out-of-State Allowance • 3-2, *page 3*

##### Chapter 4 Travel By Aircraft

Travel by Commercial Aircraft • 4-1, *page 3*  
Private Aircraft • 4-2, *page 3*  
Air Travel Insurance • 4-3, *page 3*

##### Chapter 5 Travel By Automobile

Travel by Automobile • 5-1, *page 3*  
Commercial Automobile Rental • 5-2, *page 5*  
Collision or Other Accidental Damage to  
POV or Rental Automobiles • 5-3, *page 5*  
General Services Pool Vehicles • 5-4, *page 6*  
Miscellaneous Charges • 5-5, *page 6*

##### Chapter 6 Travel Expense Claim Preparation

Travel Expense Claim (SF 262A) • *page 6*

**Chapter 7**  
**Relocation Allowances • page 7**

**Appendixes**

- A.** Per Diem Allowances, *page 8*
- B.** State Garage Locations, *page 11*
- C.** Travel Expense Claim (Samples), *page 13*
- D.** Travel Advance Memorandum (Sample),  
page 21

## CHAPTER 1 GENERAL

### 1-1. Scope

This Regulation applies to State Civil Service and State Active Duty employees of the Military/Department who are required to travel in an official capacity. The authorized allowances contained herein are effective as of 1 July 1997. The purpose of this Regulation is to provide state employees and their supervisors sufficient information about the policies and procedures that must be followed prior to, during, and subsequent to period of authorized travel.

### 1-2. Responsibility

It is the intent of the State to provide reimbursement for necessary out-of-pocket expenses incurred by state employees because of travel on official state business. The Military Department supervisors are responsible for determining the necessity and the method of employee travel. Accordingly, it is of primary interest to employees and supervisors that the employee has specific authority to be away from the headquarters in a duty status and to incur reimbursable expenses.

### 1-3. Definitions

For the purposes of this Regulation the following definitions apply:

*a. Headquarters.* Headquarters is the place where the employee spends the largest portion of regular workdays or working time, or the place to which he/she returns on completion of special assignments (SAM Section 0710-DPA Rule # 599-616).

*b. Residence.* Residence is the actual dwelling place of the employee and will be determined without regard to any other legal or mailing address.

*c. Travel Expenses.* Travel expenses include:

(1) Those expenses which consist of the charges and attendant expenses for meals (subsistence), lodgings and charges for personal expenses incurred as a result of travel while on travel status.

(2) Business expenses, which are charges for business phone calls, purchase of emergency clothing, equipment or supplies which are directly related to the employee's travel requirements.

*d. Transportation Expenses.* Transportation expenses consist of charges for commercial carrier fares; private automobile mileage; emergency repairs to state automobiles; state or privately-owned automobile parking; bridge and road tolls; taxi fares; and all other charges essential to the transport of the employee in order to conduct official state business.

*e. In-State Travel.* In-State travel is defined as travel totally within California. In a few instances, the employee may be required to go into an adjoining State in order to travel to his destination in California. In those instances, that portion of the travel is also considered to be In-State.

*f. Out-of-State Travel.* Whenever employees are required to conduct official business at a location outside of California, they are in an Out-of-State travel status.

*g. Represented Employees.* Civil Service employees represented by a bargaining unit.

*h. Non-represented Employee.* Employees that are supervisors, in management, or SAD and not represented by a bargaining unit.

*i. Department of Personnel Administration, (DPA)* The State Agency which establishes rules and guidelines for state employee travel procedures.

### 1-4. Guidelines

*a.* The mode of transportation utilized to accomplish travel must be in the best interest of the State. Both the direct cost and the cost of the employee's time must be considered in evaluating the travel methods available.

*b.* The General Services Charge Card (blue card) must be used to make airline reservations and to obtain airline tickets through Carlson Wagonlit Travel Services at:

<b>Sacramento OTAG,</b>	(916) 854-3800
	(800)-682-1095
<b>Los Alamitos,</b>	(562) 430-4936
	(800) 828-8712
<b>San Luis Obispo,</b>	(805) 781-8344
	(800) 350-4219

The card can also be used to obtain state and commercial vehicles.

*c.* On occasion, a state employee may, in performing official travel, charge transportation costs to the Military Department, but, because of the short duration of the travel, not be entitled to subsistence allowances. In those cases, the employee will submit a Travel Expense Claim even though no personal reimbursement is involved. This will verify that the transportation charges can be paid.

*d.* This Regulation does not presume to address all of the variables that could be encountered by an employee in connection with travel required in the performance of official state duties. For those situations not covered herein, the employee or

supervisor should contact the Comptroller Office, Accounts Payable travel section ATTN: CAST-AP to obtain necessary guidance or information.

### 1-5. Travel Advances

Requests for travel advances are available on a case-by-case basis. Requests for travel advances will be prepared in accordance with Appendix D and are to be directed by the traveler through channels to the Military Department, ATTN: CAST-SA. Requests should be submitted seven days prior to execution of travel.

## CHAPTER 2 TRAVEL AUTHORITY

### 2-1. In-State

a. Authority for an employee to travel must be granted by the employee's supervisor, in advance prior to the employee entering travel status. In all cases, the individual who authorizes an employee to travel is responsible for assuring that the proposed travel is necessary and that the expenses expected to be incurred by the employee are reasonable and consistent with the objective of the travel. In developing travel itineraries, the following factors should be considered:

b. Normally, subsistence expenses will not be allowed at any location within 50 miles of the employee's headquarters. Approval by the Department of Personnel Administration is required under these conditions. The supervisor of the traveling employee will submit a Memorandum to this Headquarters, ATTN: CAST-AP 21 days in advance to travel for those situations requiring subsistence to be paid within 50 miles of the employee's headquarters. This Headquarters will then notify the Department of Personnel Administration and seek the necessary approval. Information required will include the following:

(1) Name and classification of employee for whom the exception is requested. Group requests may be submitted provided that each employee's name and classification are listed, and the period of time and reason for the expense of each employee is the same.

(2) Necessity for the exception. Inconvenience or potential hardship are not valid reasons to grant an exception.

(3) If the exception relates to a conference, include the total number of persons attending and a copy of the agenda.

c. Employees on travel status for less than 24 hours may claim subsistence expenses incurred

before or after the regularly scheduled work day provided the expense occurred before 0600 hours or after 1900 hours. No subsistence expenses for the noon meal may be charged for travel less than 24 hours.

d. The mode of transportation selected must be in the best interest of the State, considering direct expense as well as the employee's time. The employee should be advised that actual reimbursement will be in accordance with this policy, even though a more expensive mode of transportation is elected.

### 2-2. Out-of-State

The Governor's Office and Department of Finance are the approving authorities for Out-of-State travel. Requests for Out-of-State travel authority must be submitted to this Headquarters, ATTN: CAST-AP 21 days prior to the date the employee(s) will enter on travel status. Except for emergency conditions, employees will adhere to the approved itinerary and cost estimates. Requests for Out-of-State travel authority are submitted by Directors annually to CAST-SB and will include the following information:

a. Justification for the travel; the business to be accomplished; the agencies, offices and/or persons to be visited; the benefits to be derived by the State; and other factors necessary to substantiate the need for the travel. If the request seeks authority for two or more employees to travel, an explanation must be included as to why more than one person is required to travel.

b. Itinerary to include date of departure, date of return, and mode(s) of transportation.

c. Estimated costs to include actual cost of lodging including tax, meals and incidentals (compute per Appendix A, this Regulation), and transportation costs for airfare, auto rental, taxi, other, including taxes.

## CHAPTER 3 TRAVEL ALLOWANCES

### 3-1. In-State Allowance

When employees are on travel status, payment of a subsistence allowance is authorized. The circumstances of travel will determine the rate allowed. (See Appendix A, for subsistence rates for the conditions below).

a. **Short-term.** A short-term allowance will be authorized when the circumstances and duration of travel are such that the traveler incurs expenses comparable to those arising from the use of good, moderately priced establishments catering to the general public. The short-term allowance is intended for employees on travel status less than 31 consecutive days. Employees on travel status for less than 24

hours may claim lodging expenses, if applicable, and breakfast and/or dinner expenses in accordance with Appendix A, this Regulation. Expenses must be incurred on the employee's own time and more than 50 miles from headquarters. No lunch allowance will be paid when the employee is on travel status for less than 24 hours.

*b. Long-term.* A long-term allowance will be authorized when the circumstances of travel are such that the traveler incurs expenses in one location for 31 or more consecutive days.

*c. Non-commercial.* A non-commercial allowance will be authorized for represented employees when the circumstances of travel are such that the traveler incurs expenses comparable to those arising from the use of non-commercial subsistence facilities such as, but not limited to, house trailers, field camping equipment or military facilities. Reimbursement for travel by employees when staying with friends or relatives is prohibited if no out-of-pocket expenses are incurred. If any out-of-pocket expenses are incurred, the represented employee may claim the non-commercial rate. Non-represented employees cannot claim non-commercial rates.

*d. Military Department Facilities.* Employees who conduct any business at Camp San Luis Obispo, Camp Roberts, or Los Alamitos AFRC, will utilize on-post facilities and pay the billeting fee. This requirement has been sanctioned by DPA authority. In the event quarters are not available, employees may utilize off-post facilities, provided they obtain a Certificate of Non-Availability of Quarters from the post Billeting Office. If a Certificate is not obtained, the employee will not be authorized reimbursement for billeting. If a Certificate is obtained, the employee will be reimbursed at the Short-Term rate. Employees will be reimbursed the Short-Term rate for meals when utilizing the on-post lodging if no dining facilities are available on post.

### **3-2. Out-of-State Allowance**

For Out-of-State travel, employees will be reimbursed for actual lodging expenses, supported by a receipt, and meal and incidental expenses per Appendix A, this Regulation.

## **CHAPTER 4 TRAVEL BY AIRCRAFT**

### **4-1. Travel by Commercial Aircraft**

*a.* The State has entered into a contract to provide complete travel services throughout the State, utilizing the State's contracted discount airfares. All methods of travel arrangements must be made through the current contractor, Carlson Wagonlit Travel.

*b.* Airline tickets must be procured by utilizing the State of California General Services Charge Card.

*c.* Employees will travel by the least expensive class available. As a guide in determining the least expensive class available, airfares are listed from least expensive to most expensive: (1) Commuter, (2) Coach, (3) Standard, (4) First Class. Employees traveling by other than the least expensive class available will provide a full explanation of the necessity when submitting claims for reimbursement.

*d.* Premiums such as discounts on future fares received by employees as a result of travel on state business are the property of the State and must be surrendered to this Headquarters, ATTN: CAST-AC.

### **4-2. Private Aircraft**

*a.* Necessary travel on official state business may be by privately-owned aircraft whenever that is the most economical means available or is otherwise in the best interest of the State. Requests for information on use of privately-owned aircraft should be addressed to this Headquarters, ATTN: CAST-AP.

*b.* Reimbursement for the use of privately-owned aircraft will be made at the rate of 50 cents per statute mile. Mileage will be computed on the basis of the shortest air route from origin to destination using airways whenever possible. Mileage shown on Travel Expense Claim will be clearly marked "Air Miles".

*c.* When substantiated by a voucher, reimbursement will be made for actual and necessary expenses for aircraft rental. Landing and parking fees in connection with the use of privately-owned aircraft will be reimbursed except at the location where the aircraft is normally stored.

### **4-3. Air Travel Insurance**

The State will not pay for air travel insurance when the employee flies as a passenger in a regularly scheduled commercial aircraft. The State of California has an Air Travel Insurance Policy to cover Military Department employees who are directed to fly on military or other non-scheduled aircraft to fulfill their work requirements.

## **CHAPTER 5 TRAVEL BY AUTOMOBILE**

### **5-1. Travel by Automobile**

*a.* Supervisors are responsible for determining which employees will be authorized to drive on official

state business and the types of vehicles each may use. Each person who drives on official state business must possess a valid California drivers license, appropriate to the type of vehicle operated.

b. An employee may not be authorized to use a privately-owned vehicle (POV) to conduct state business unless the employee has a valid Standard Form 261, Authorization to Use POV on State Business, on file in the Comptroller Office, Accounts Payable Section (CAST-AP). If an employee uses POV for official travel without having a valid SF 261 on file, such use does not qualify for mileage reimbursement. Each employee who intends to use POV on official state business must be aware that the insurance maintained by the State is applicable only to that liability of the person which is over and above the liability insurance maintained by the person. In accordance with the State Administrative Manual, Standard Form 261 must be renewed each year for the period 1 July through 30 June. The reverse side of SF 261 will be annotated by the employee with a list of vehicles to be driven which shall include make, model, year, and number of cylinders of each vehicle. It is the employees' responsibility to maintain an accurate SF 261 on file.

c. The applicable POV reimbursement rate depends on whether or not a state-owned vehicle is available to the employee. It is the responsibility of an employee's supervisor to determine which rate is applicable.

(1) If the employee is authorized use of POV, the minimum allowance will be 24 cents per mile for represented employees and 31 cents for non-represented employees. The represented employee is entitled to claim reimbursement at a higher rate, not to exceed 30 cents per mile, by signing the certification on the face of the Travel Expense Claim, SF 262A, that reads: "For mileage reimbursement which exceeds 24 cents per mile, I certify that the actual cost of operating the vehicle equals or exceeds the amount claimed". Without that certification, the represented employee will be reimbursed at the 24 cents per mile rate. Any reimbursement in excess of the standard automobile rate established by the Internal Revenue Service (IRS) results in the total amount of the travel expense claim being reported to the IRS and the Franchise Tax Board as reportable income for represented employees.

d. Even though a state automobile may be on hand or accessible to the employee, it may not be available for the employee to use because it is reserved for other purposes or because use of a state automobile is unreasonable considering all

circumstances in a particular situation. Moreover, it may be more economically advantageous to the State for the employee to use POV. In determining whether use of a state automobile or use of POV is more advantageous to the State, the supervisor should consider all factors that will affect the employee's time and travel distance, e.g., location of the employee's residence and headquarters, day and time of departure and return, destination, location of an available state automobile. In general:

(1) It is economically advantageous to the State to authorize POV when the total mileage on any one trip will not exceed 100 miles. The employee will be allowed 24 cents per mile, without certification, or a higher rate with certification, even though a state automobile is available.

(2) It is economically advantageous to the State to use a state vehicle, if the total mileage on any one trip will exceed 100 miles.

e. When a trip is commenced or terminated at the employee's home, POV mileage reimbursement will be computed from either the employee's headquarters or home, whichever results in the lesser distance.

f. When use of POV is authorized for travel to or from a common carrier terminal, the following rules apply:

(1) If the vehicle is parked at the terminal during the period of absence, the represented employee will be allowed 24 cents per mile, without certification, or a higher rate with certification, plus parking charges. Non-represented employees will be reimbursed at 31 cents per mile. Parking charges exceeding \$6.00 for represented employees and \$10.00 for non-represented employees must be supported by an original receipt.

(2) If the vehicle is not parked at the terminal during the period of absence, the represented employee may claim reimbursement for double the mileage distance. The rates allowable are 24 cents per mile, without certification, or a higher rate, not to exceed 30 cents per mile with certification. The rate for non-represented employees is 31 cents per mile.

(3) The mileage will be computed using the distance between the terminal and the employee's residence or headquarters, whichever is less. However, if the employee is required to depart for or return from a common carrier terminal 1 hour prior to or after regular work hours, the actual miles driven may be claimed. As determined by this department, the maximum mileage payable to an employee traveling from OTAG to downtown Sacramento will be 10 miles each way. Mileage from OTAG to Sacramento Airport is paid at 20 miles each way.

g. Privately-owned motorcycles and motor driven bicycles are not authorized as a means of transportation in the conduct of official state business. Any reimbursement for mileage or transportation expenses

when an employee uses these means of transportation is prohibited.

## **5-2. Commercial Automobile Rental**

a. When a state-owned vehicle is not available and automobile travel is essential to the conduct of state business, state employees may rent commercial automobiles through the following companies.

Alamo Rent-A-Car, Inc.  
Bay Area Rentals  
Budget Rent-A-Car Corporation  
Enterprise Rent-A-Car/Leasing  
National Car Rental System  
Thrifty Rent-A-Car System, Inc.

All six companies have contracted to provide services according to the terms and conditions of the State of California contract; however, services offered will vary with each company. Therefore, employees are advised to check on current rates, drop off charges, etc., before making reservations.

Upgrades of rental cars are the sole responsibility of the renter - not the State of California.

b. Reimbursement will be paid directly to the rental agency by the Military Department, CAST-AP. Use of an unauthorized rental car agency will result in non-payment. The employee will be held liable for payment.

c. The State will not pay for collision insurance (called collision damage waiver) or for medical insurance (called personal accident insurance) incident to the rental of a commercial automobile. If an employee sustains any financial loss by reason of having not purchased a damage waiver, that employee may claim reimbursement for such loss, in accordance with paragraph 5-3b, below. If an employee sustains personal injury while operating a rental vehicle in the conduct of official business, the employee is covered under the provisions of Workers' Compensation Insurance Laws.

d. State travelers on state business wishing to extend the rental of a vehicle for personal business shall make separate arrangements with the contract company at the time of making the reservations and picking up the vehicle. At the end of their business, state travelers shall go to the renting location, close out the rental Agreement and have a new rental Agreement drawn up for their personal business. The new rental Agreement for personal business will be drawn between the traveler and the company and will be completely separate and apart from the State contract. IT IS NOT ACCEPTABLE TO

## **EXTEND RENTAL AGREEMENTS FOR OFFICIAL BUSINESS AND PAY THE DIFFERENCE FOR THOSE DAYS THE VEHICLE WAS USED ON PERSONAL BUSINESS.**

## **5-3. Collision or Other Accidental Damage to POV or Rental Automobiles**

a. An employee may claim reimbursement for actual repair expenses incurred as a result of collision or other accidental damage to POV or rental automobile while the vehicle was being used on official business. Reimbursement will be claimed on Travel Expense Claim, SF 262A.

(1) The employee is required to:

(a) File a Report of Vehicle Accident, SF 270, with CAST-AP within 24 hours.

(b) Attempt to recover damages through insurance coverage belonging to the person responsible for causing the damage.

(c) Attach to SF 262A the green copy of the SF 270, signed by the employee's supervisor, and a receipted bill for repairs and/or replacement parts.

(d) Enter the following certification in the remarks section of SF 262A:

"I hereby certify that this expense was incurred by me as a result of damage to my privately-owned/rental vehicle. This expense is not reimbursable through the insurance coverage of any of the parties involved in the accident."

(e) Submit three estimates of the cost of repairs.

(2) The supervisor who approves the claim will:

(a) Review and sign both the SF 270 and SF 262A.

(b) Sign the SF 270 to certify that the vehicle was being operated on official business and that the accident occurred through no fault of the employee.

(c) Sign the SF 262A to certify that the employee has presented sufficient evidence that the repair expense claimed has not been reimbursed by insurance.

(d) Determine if the claim is the result of a decision by the employee not to maintain POV collision coverage. If the claim results from the decision of the employee not to maintain collision coverage, the employee may file the claim with the State Board of Control. Information on filing a claim with the State Board of Control may be obtained from CAST-AP.

(e) Forward SF 262A, SF 270, and three estimates of the cost of repairs to this Headquarters (CAST-AP).

b. An employee is allowed to claim reimbursement for any loss sustained by reason of not having purchased a collision damage waiver when the employee rents an automobile commercially. Reimbursement for such a waiver is specifically prohibited because the State of California is self-insured. Should a rental vehicle sustain damages and a demand for repair costs be made against the employee, the employee will submit his claim for reimbursement in the same manner as set forth in paragraph 5-3a,

above, except that the certification in the remarks section of SF 262A will read:

"I hereby certify that this expense was incurred by me as a result of damage to a commercial rental automobile, used on state business by me in compliance with SAM Section 4186.01. This expense is not reimbursable through the insurance coverage of any of the parties involved in the accident."

#### 5-4. General Services Pool Vehicles

State pool vehicle rentals may be obtained only when a General Services Charge Card, GS Form 971, is presented to the dispatcher by the employee. Employees may obtain a Charge Card, on a temporary basis, from the Comptroller Office (CAST-SA).

a. State pool vehicles for short-term usage may be obtained at garage locations listed in Appendix B, this Regulation. State garages are open during 0700 - 1900 daily. Some state garages are open for longer periods of time. Operating hours may be determined by calling the garage.

b. Reservations may be made by telephone or in person for a pool car at any garage pool, and must be made for special vehicles, such as station wagons or pickups.

#### 5-5. Miscellaneous Charges

a. Ferry, bridge and toll road charges will be allowed.

b. Charges for necessary parking while on state business will be allowed for:

(1) Day parking when on trips away from the employee's headquarters and residence. An original receipt is required for charges exceeding \$6.00 for represented employees and \$10.00 for non-represented employees.

(2) Overnight public parking when on trips away from the headquarters city and city of residence. An original receipt is required for charges exceeding \$6.00 for represented employees and \$10.00 for non-represented employees.

(3) Expenses for POV gasoline or routine repairs will not be allowed.

### CHAPTER 6 TRAVEL EXPENSE CLAIM PREPARATION

#### Travel Expense Claim, SF 262A.

a. Travel Expense Claim, SF 262A, will be used for claiming reimbursement for allowable travel expenses. Each employee who travels is

responsible for the preparation and submission of SF 262A in accordance with the provisions and instructions contained herein and on the reverse side of SF 262A. Appendix C to this Regulation provides examples of completed SF 262A's for illustrative purposes.

b. The approved Travel Expense Claim must be submitted with original and one copy, to this Headquarters, ATTN: CAST-AP, by the 15<sup>th</sup> day of the month following the month during which travel was performed. When receipts are required to support an expense, the **original** and one copy must accompany the claim.

c. No more than two claims for in-state travel may be submitted by an employee in any month.

d. Out-of-State travel expense claim must be submitted on a separate SF 262A.

e. If the amount claimable for any month does not exceed \$10, filing must be deferred until the total exceeds \$10 or until June 30, whichever occurs first.

f. Expense claims totaling less than \$1 will not be paid.

g. At the end of the fiscal year, travel expenses claimed for July 1 and later must be on a separate travel expense claim from those claimed for June 30 and earlier.

h. Travel Expense Claims will be reviewed, approved, and signed by the claimant's supervisor or supervisor's supervisor. Per DPA (Terri Jordan) a co-worker, etc. cannot sign a TEC when a supervisor is out. It must be a supervisor or above who has knowledge of the travel circumstances. Facsimile or signatures from rubber stamps or signature machines are not acceptable on Travel Expense Claims. Supervisors shall carefully review the time, date, and location information on Travel Expense Claims to verify that it agrees with information contained on supporting documents such as airline tickets/itineraries. Conflicting information can arise when receipts are lost, changes are made to travel arrangements, exchange of airline tickets for alternate flights, etc. A statement of facts surrounding conflicting information is required for all instances giving full details and reasons for the circumstances. This statement of facts must accompany the SF 262A and must be signed by the traveling employee.

i. When local travel is claimed, item (5)(c) Transportation on SF 262A must indicate start points and destinations. When local travel includes many destinations throughout a day, a remark shall be entered under item (7) Remarks on SF 262A describing the local travel.

j. Outstanding travel advances not supported by valid approved travel expense claims will be deducted from an employee's pay warrant or from a terminating employee's final pay warrant.



## **CHAPTER 7**

### **RELOCATION ALLOWANCES**

#### **Relocation Allowances**

a. If eligible, employees shall be reimbursed for actual lodging expense, supported by original receipt, plus meal and supplement expenses as shown in Appendix A, while locating a permanent residence at the new location. Employee relocation must be authorized in writing by the Military Department in advance of incurring any relocation costs.

(1) The daily allowance shall not exceed the maximum subsistence authorized by Appendix A.

(2) The allowance shall not be paid for more than 60 days unless the Director of the Department of Personnel Administration has determined in advance that the change of residence will result in unusual and unavoidable hardship for the officer or employee and determined the maximum allowance to be received by said employee. Requests for extension past the authorized 60 days must be submitted through channels to CAST-AP 21 days prior to elapse of the 60-day period.

(3) Represented employees who do not furnish original receipts for lodging when claiming lodging expenses will be reimbursed in accordance with Appendix A of this Regulation. Non-represented employees will not receive reimbursement without an original receipt for lodging.

(4) Interruptions in relocation caused by sick leave, vacation or other authorized leaves of absence shall be reimbursable at the option of the employee.

(5) The relocation allowances shall terminate immediately upon establishment of a permanent residence. The Department shall determine when a permanent residence has been established. b. Meal expenses arising from one-day trips to the new location for the sole purpose of locating housing shall be reimbursed in accordance with Appendix A of this Regulation. The period claimed shall be included in the computation of the 60-day relocation period. Non-represented employees will be reimbursed at \$24.00 lodging and \$24.00 for meals.

c. In addition to travel and subsistence reimbursement provided above, real estate charges, utility hook-ups and POV mileage will be reimbursed to the represented employee in accordance with instructions included in the relocation packet provided by the Military Department, CAST-AP.

## APPENDIX A

### Per Diem Allowances

**1. Short-Term Travel.** Short-term subsistence allowances are listed below. The daily incidental \$5.00 for represented employees, \$6.00 for non-represented employees is intended to reimburse the employee for small miscellaneous expenses incurred during the course of travel and may be claimed for each full 24-hour period of travel. Lodging and/or meals provided by the State or included in hotel expenses or conference fees, or in transportation costs such as airline tickets, or otherwise provided, shall not be claimed for reimbursement.

*a. In-State Lodging/M meal Allowances.* The employee will be reimbursed for actual costs up to the maximum allowance for each meal, incidental, and lodging expense for each complete 24 hours of travel.

<u>Short-Term Travel</u>	<u>Represented Employees</u>	<u>Non-represented Employees</u>
<u>Meals</u>		
Breakfast	Up to \$ 5.50	Up to \$ 6.00
Lunch	Up to 9.50	Up to 10.00
Dinner	Up to 17.00	Up to 18.00
Incidentals	Up to <u>5.00</u>	Up to <u>6.00</u>
TOTAL each 24 hr. Period	Up to \$37.00	Up to \$40.00

Each item must be listed individually on the Travel Expense Claim form. Each meal is considered an item of expense; therefore, receipts are not required as substantiation for reimbursement of meal expenses. Effective January 1, 1989, the Internal Revenue Service requires justification of travel expenses. Employees who claim the allowable rate without submitting receipts with their travel expense claims, should retain their receipts for lodging and meal expenses to prove amounts spent.

	<u>Represented Employee</u>	<u>Non-represented Employee</u>
<u>Lodging</u>		
Statewide, without a lodging receipt	Up to \$24.99	None

	<u>Represented Employee</u>	<u>Non-represented Employee</u>
Statewide, with a lodging receipt. Lodging rates in excess of \$79.00 require <u>prior</u> approval by DPA for represented employee and approval by appointing power for non-represented employee.	Actual lodging cost up to \$79.00 plus taxes on entire cost of lodging rate.*	Same as Represented Employee

State sponsored conferences, conventions, business meetings or training, statewide with prior written approval of the appointing power for represented employees and non-represented employees, receipt required. Lodging in excess of \$79.00 up to \$110.00 requires prior approval by DPA.

Actual lodging cost up to \$110.00 plus taxes on entire cost of lodging rate.

Same as Represented Employee

Represented Employee

Non-represented Employee

Non-State sponsored conferences, conventions, business meetings or training, statewide with prior written approval of the appointing power, receipt required. Lodging in excess of \$150.00 requires prior approval by DPA.

Actual lodging cost up to \$150.00 plus taxes on entire cost of lodging rate.

Same as Represented Employee

\*Example: If the lodging rate is \$100.00 and the tax is \$10.00, the employee is entitled to only \$89.00 (\$79.00 lodging + \$10.00 tax). The employee is responsible for the \$21.00 excess lodging expense.

b. Out-of-State Lodging/M meal Allowances. Payment is for actual lodging expenses, supported by an original receipt. Without an original receipt, payment cannot be paid. Meal allowance is paid at the same rate as in-state rate.

**2. Long-Term Travel.** Employees on travel status for longer than 31 consecutive days qualify for long-term travel per diem. The full long-term per diem is paid for each 24-hour period provided the employee's primary residence is occupied by the employee's dependents or is maintained as a net expense greater than \$200 per month. If an employee doesn't maintain a separate residence, payment is one-half the full long-term rate. The rate ends when an employee is assigned to another geographic area. If long-term lodging is not available, then short-term rates may be approved beyond 31 days by the agency. Partial days of long-term travel are paid as follows:

a. Employee maintains separate residence in the headquarters area

Represented Employee

Non-represented Employee

Each 24 hour period or partial day of 12 to 24 hours

\$24.00 for meals/incidentals and \$23.00 for lodging

\$24.00 for meals/incidentals and receipted lodging up to \$24.00

Each partial day of less than 12 hours

Either \$23.50 for meals or \$23.50 for lodging

b. Employee does not maintain separate residence in headquarters area

	<u>Represented Employee</u>	<u>Non-represented Employee</u>
Each 24 hour period or partial day of 12 to 24 hours	\$12.00 for meals/incidentals <u>and</u> \$11.50 for lodging	\$12.00 for meals/incidentals and receipted lodging up to \$12.00
Each partial day of less than 12 hours	<u>Either</u> \$12.00 for meals <u>or</u> \$12.00 for lodging	

**3. Non-Commercial Travel.** This rate may be claimed by represented employees for out-of-pocket expenses incurred when staying with friends or relatives, when using their personal travel trailers, camping equipment, vans, or other noncommercial facilities. The employee may claim the noncommercial rate, beginning on the first day of travel. Partial days of noncommercial travel are paid as follows: Less than 12 hours, one-half the noncommercial rate; 12-24 hours, full noncommercial rate. This rate includes meal, lodging, and incidental allowance. Non-represented employees cannot claim non-commercial rates.

Noncommercial Rates

Represented Employees Only

Each 24 hour period or partial day of 12 to 24 hours

\$24.00 for meals/incidentals and \$23.00 for lodging

Each partial day of less than 12 hours

Either \$23.50 for meals or \$23.50 for lodging

Employees will be reimbursed for meals at the short-term rate when no dining facility is available at Camp San Luis Obispo, Camp Roberts or Los Alamitos AFRC.

## **APPENDIX B**

### **State Garage Locations**

#### **General Services Pool Vehicles**

<b>LOCATION</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>
Fresno	1025 P Street	(209) 445-5527
Los Angeles	122 S. Hill Street	(213) 897-3206
Oakland	401 27th Street	(510) 286-0901
Sacramento	1416 - 10th Street	(916) 657-2327
San Diego	345 W. Ash Street	(619) 237-7415
San Francisco	550 Turk Street	(415) 557-3604
Van Nuys	6150 Van Nuys Blvd	(818) 901-5433

**RESERVED**

STATE OF CALIFORNIA  
TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 10/92)

APPENDIX C  
See Instructions and "Privacy  
Statement On Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME JUDY JONES			SSAN OR EMPLOYEE NUMBER* 123-45-6789			DEPARTMENT MILITARY		
POSITION ACCOUNT CLERK II			CB/ID NUMBER B.U. #4			DIVISION OR BUREAU COMPTROLLER		
RESIDENCE ADDRESS * 100 STAR AVENUE			HEADQUARTERS ADDRESS 9800 GOETHE ROAD			INDEX NUMBER 1175		
CITY SACRAMENTO			STATE CA			ZIP CODE 99999		
CITY SACRAMENTO			STATE CA			ZIP CODE 95826-9101		

(1) MONTH/YEAR JUL 97		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L.T. N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
1	0500	San Francisco	75 90	5 50	8 75	15 80	3 80		PC	(1) 1 00	85	20 40	(2) 1 60	132 75
2			75 90	4 45	7 20	14 30	4 15							106 00
3		Sacramento		5 00	8 15				PC	(3) 10 00	85	20 40		43 55
PLEASE NOTE:														
			A. Original Receipts are Required for Represented Employees Daily Cost for the Following Items Exceed:											
			Represented						Non-represented					
			HOTEL		\$24.99						0.00			
			PARKING		6.99						10.00			
			TELEPHONE CALLS		2.50						5.00			
			B. ORIGINAL RECEIPTS ARE REQUIRED FOR ANY LODGING FOR NON- REPRESENTED EMPLOYEES.											
			C. ACTUAL MEAL EXPENSES MUST BE ITEMIZED.											
(10) SUBTOTALS			151 80	14 95	24 10	30 10	7 95			11 00		40 80	1 60	

CLAIM TOTAL

\$ 282 30

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
Attend Area Coordinator's Conference (1) Bridge Toll, (2) Business Phone Call, (3) Parking-

Receipt Attached

(12) NORMAL WORK HOURS	PCA	PROJECT	WORK PHASE	OBJ AO	AMOUNT	OBJ AO	AMOUNT	OBJ AO	AMOUNT	OBJ AO	AMOUNT	TOTAL
8-4:30												
(13) PRIVATE VEHICLE LICENSE No.												
826 DXI												
(14) MILEAGE RATE CLAIMED												
24¢												
AGENCY ACCOUNTING OFFICE USE ONLY												
PAID BY REV. FUND CHECK No.												
TOTALS												

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE /S/ JUDY JONES	DATE 7/6/97	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT /S/ THOMAS J. WILLS	DATE 7/6/97
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)		DATE	

C-1

### INSTRUCTIONS

Expense accounts are to be submitted at least once a month and not more often than twice a month, except where the amount claimed is less than \$10, the claim need not be submitted until it exceeds \$10 or until June 30, whichever occurs first. Requests for reimbursement of out-of-state travel expenses must be claimed separately. Requests for reimbursement of travel expenses which are incurred in different fiscal years must be claimed separately. A brief statement, one line if possible, of the purpose or objective, of the trip must be entered on the line immediately below the last entry for each trip. If the claim is for several trips for the same purpose or objective, one statement will suffice for those trips. Vouchers which are required in support of various expenses must be arranged in chronological order and attached to the claim. Each voucher must show the date, cost, and nature of the expense.

**MULTIPLE PAGES**--If your claim is more than one page, indicate page number and total number of pages. DO NOT total each page. Use subtotals and enter the total amount of the claim on the last page of the claim in the space for "TOTALS" and "CLAIM TOTAL."

### COLUMN ENTRIES

- (1) **MONTH/YEAR**--Enter numerical designation of month and last two digits of the year in which the first expenses shown on the form were incurred.
- (2) **DATE/TIME**--Enter date and time of departure on the appropriate line using twenty-four-hour clock (example: 1700 = 5:00 p.m.). Show time of departure on date of departure, show time of return on the date of return. If departure and return are on the same date, enter departure time above and return time below on the same line. Where the first date shown is a continuation of trip, enter "Continuing" above that date, and where a trip is continuing beyond the last date shown, write "Continuing" after the last date.
- (3) **LOCATIONS WHERE EXPENSES WERE INCURRED**--Enter the name of the city, town, or location where expenses were incurred. Abbreviations may be used.
- (4) **LODGING**--Enter the actual cost of the lodging not to exceed the maximum amount authorized by current Department of Personnel Administration (DPA) regulations, bargaining agreements and detailed in the State Administrative Manual (SAM) Sections 0721 to 0724. A receipt is required for any expenditure of \$25 or more.
- (5) **MEALS**--Enter the actual cost of each meal not to exceed the maximum amount for each meal as authorized by current DPA regulations, bargaining agreements and detailed in SAM Sections 0761 to 0763. Dinner column is to be used to claim dinner on regular travel, overtime meals, and long term, noncommercial and relocation daily meal expenses.
- OVERTIME MEAL AND BUSINESS RELATED MEAL**--Enter the actual cost of the meal not to exceed the maximum amount authorized by current DPA regulations, and bargaining agreements. Refer to DPA Management Memos for receipt requirements.
- (6) **INCIDENTALS**--Enter the total actual cost of incidentals not to exceed the maximum amount authorized by current DPA regulations and agreements.
- (7) **TRANSPORTATION**--Purchase the least expensive round-trip or special rate ticket available. Otherwise the difference will be deducted from the claim. If you travel between the same points without using round-trip tickets, an explanation should be given.
  - (A) **COST OF TRANSPORTATION**--Enter the cost of cash purchase of transportation. Show how transportation was obtained if fare was not purchased for cash. Use "CC" for credit card and "C" for cash. If transportation was paid by the State, enter method of payment only. Use "SCC" for State credit card, "TO" for ticket order or "BSA" for bill to State agency. Attach all passenger coupons and ticket order stubs including the unused portion of tickets, other credit documents or premiums, where credits or refunds are due to the State.
  - (B) **TYPE OF TRANSPORTATION USED**--Enter method of transportation used. Use "R" for railway, "B" for bus, airporter, light rail, or BART, "A" for scheduled commercial airline, "RA" for rental aircraft, "DA" for department-owned aircraft, "PA" for privately owned aircraft, "PC" for privately owned car, truck or other privately owned vehicles, "SV" for specially equipped vehicle for the handicapped, "SC" for State vehicles, "RC" for rental vehicles, "T" for taxi, and "BI" for bicycle. Supervisors shall not authorize the use of motorcycles on official State business, and no reimbursement will be allowed for motorcycles.
- (C) **CAREFARE, TOLLS, AND PARKING**--Enter carfare, bridge tolls, and parking charges; attach a voucher for any parking charge in excess of \$6.00 for any one continuous period of parking.
- (D) **PRIVATE CAR USE**--Enter number of miles traveled and amount due for mileage for the use of privately owned automobiles as authorized by current agreements, regulations, and detailed in SAM Section 0754.
- (8) **BUSINESS EXPENSE**--Claims for phone calls must include the place and party called. If charge exceeds \$2.50, support by vouchers or other evidence. Emergency purchases of equipment, clothing or supplies, travel expenses of inmates, wards, or patients of institutions, and all other charges in excess of \$1.00 require receipts and an explanation.
- (9) **ENTER TOTAL EXPENSES FOR DAY**
- (10) **ENTER SUBTOTALS OR TOTALS**
- (11) **PURPOSE OF TRIP, REMARKS OR DETAILS**--Explain need for travel and any unusual expenses. Enter detail or explanation of items in other columns, if necessary. Vouchers must be provided for any miscellaneous item of expense.
- (12) **NORMAL WORK HOURS**--Enter your beginning and ending normal work hours using twenty-four-hour clock (example: 0800 = 8:00 a.m.).
- (13) **PRIVATE VEHICLE LICENSE NUMBER**--Enter license number of the privately owned vehicle used on official State business. To claim reimbursement, you must have met the requirements as prescribed by SAM Sections 0751, 0752 and 0753 pertaining to operator requirements, vehicle safety, seat belt usage and authorization.
- (14) **MILEAGE RATE CLAIMED**--Enter the rate of reimbursement being claimed for private vehicle use.
- (15) **CLAIMANT'S CERTIFICATION AND SIGNATURE**--Your signature certifies that expenses claimed were actually incurred and that the cost of operating the is at or above the rate claimed.
- (16) **SIGNATURE OF OFFICER APPROVING PAYMENT**--Certifies and authorizes travel; approves expenses as incurred on State business.
- (17) **SIGNATURE OF AUTHORITY FOR SPECIAL EXPENSES**--When a claim for conference or convention expense under Section 599.635 of the DPA regulations and detailed in SAM Section 0724 is included, or when reimbursement of a business expense exceeds \$25.00 or when reimbursement for Bar dues or license fees is included, the signature of the approving officer is required, either on a separate document attached to this claim or by signature in this block.

### \* PRIVACY STATEMENT

The information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that the following notice be provided when collecting personal information from individuals.

**AGENCY NAME:** Appointing powers and the State Controller's Office (SCO).

**UNITS RESPONSIBLE FOR MAINTENANCE:** The accounting office within each appointing power and the Audits Division, SCO, 3301 C Street, Room 404, Sacramento, CA 95816.

**AUTHORITY:** The reimbursement of travel expenses is governed by Government Code Sections 19815.4(d), 19816, and 19820. These sections allow the Department of Personnel Administration (DPA) to establish rules and regulations which define the amount, time, and place that expenses and allowances may be paid to representatives of the State while on State business.

**PURPOSE:** The information you furnish will allow the above-named agencies to reimburse you for expenses you incur while on official State business.

**OTHER INFORMATION:** While your social security account number (SSAN) and home address are voluntary information under Civil Code Section 1798.17, the absence of this information may cause payment of your claim to be delayed or rejected. You should contact your department's Accounting Office to determine the necessity for this information.



## STO. 262 A (REV. 10/92)

Page 1 of 1 Pages

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
(2)				(5) BREAK- FAST	LUNCH	O.T., L.T. N.C. RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES			AMOUNT
8	1600	Sacramento	24.99	5.50	9.50	17.00	5.00		A/ PC		25	6.00	67.99	
9			24.99	5.50	9.50	17.00	5.00						61.99	
10			24.99	5.50	9.50	17.00	5.00						61.99	
11			24.99	5.50	9.50	17.00	5.00						61.99	
12	1200	Los AL - HOR		5.50					A/ PC	(1) 20.00	30	7.20	32.70	
Only Represented Employees can claim \$24.99 without a lodging receipt - Non-represented employees can only claim receipted amounts.														
(10) SUBTOTALS			99.96	27.50	38.00	68.00	20.00			20.00		13.20		

\$	286.66
----	--------

(1) Airport Parking - Receipts Attached

[illegible]

CLAIMANT'S SIGNATURE

▷/S/ DONALD SMITH

DATE  
7/15/97

(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE  
7/12/97

(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)

DATE \_\_\_\_\_

### INSTRUCTIONS

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Page 1 of 1 Pages

CLAIMANT'S NAME JAMES DODD			SSAN OR EMPLOYEE NUMBER* 111-11-1111		DEPARTMENT MILITARY	
POSITION SPEC. PROJECT		CB/ID NUMBER NON-REP	DIVISION OR BUREAU CCC			INDEX NUMBER 5000
RESIDENCE ADDRESS* 300 MARS WAY			HEADQUARTERS ADDRESS 9800 GOETHE ROAD			TELEPHONE NUMBER 854-1111
CITY SACRAMENTO	STATE CA	ZIP CODE 95800	CITY SACRAMENTO	STATE CA	ZIP CODE 95826-9101	

**CLAIM TOTAL**

\$ 162.19

(1) Film Development for Rifle Match -  
Receipt Attached

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seal belt usage.

DATE  
7/13/97

DATE \_\_\_\_\_

▷ /S/ C. CLIFTON

**TRAVEL EXPENSE CLAIM**

STD. 262 A (REV. 10/92)

**INSTRUCTIONS**

Expense accounts are to be submitted at least once a month and not more often than twice a month, except where the amount claimed is less than \$10, the claim need not be submitted until it exceeds \$10 or until June 30, whichever occurs first. Requests for reimbursement of out-of-state travel expenses must be claimed separately. Requests for reimbursement of travel expenses which are incurred in different fiscal years must be claimed separately. A brief statement, one line if possible, of the purpose or objective, of the trip must be entered on the line immediately below the last entry for each trip. If the claim is for several trips for the same purpose or objective, one statement will suffice for those trips. Vouchers which are required in support of various expenses must be arranged in chronological order and attached to the claim. Each voucher must show the date, cost, and nature of the expense.

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  - (B) **TYPE OF TRANSPORTATION USED**--Enter method of transportation used. Use "R" for railway, "B" for bus, airporter, light rail, or BART, "A" for scheduled commercial airline, "RA" for rental aircraft, "DA" for department-owned aircraft, "PA" for privately owned aircraft, "PC" for privately owned car, truck or other privately owned vehicles, "SV" for specially equipped vehicle for the handicapped, "SC" for State vehicles, "RC" for rental vehicles, "T" for taxi, and "BI" for bicycle. Supervisors shall not authorize the use of motorcycles on official State business, and no reimbursement will be allowed for motorcycles.
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- (D) **PRIVATE CAR USE**--Enter number of miles traveled and amount due for mileage for the use of privately owned automobiles as authorized by current agreements, regulations, and detailed in SAM Section 0754.
- (8) **BUSINESS EXPENSE**--Claims for phone calls must include the place and party called. If charge exceeds \$2.50, support by vouchers or other evidence. Emergency purchases of equipment, clothing or supplies, travel expenses of inmates, wards, or patients of institutions, and all other charges in excess of \$1.00 require receipts and an explanation.
- (9) **ENTER TOTAL EXPENSES FOR DAY**
- (10) **ENTER SUBTOTALS OR TOTALS**
- (11) **PURPOSE OF TRIP, REMARKS OR DETAILS**--Explain need for travel and any unusual expenses. Enter detail or explanation of items in other columns, if necessary. Vouchers must be provided for any miscellaneous item of expense.
- (12) **NORMAL WORK HOURS**--Enter your beginning and ending normal work hours using twenty-four-hour clock (example: 0800 = 8:00 a.m.).
- (13) **PRIVATE VEHICLE LICENSE NUMBER**--Enter license number of the privately owned vehicle used on official State business. To claim reimbursement, you must have met the requirements as prescribed by SAM Sections 0751, 0752 and 0753 pertaining to operator requirements, vehicle safety, seat belt usage and authorization.
- (14) **MILEAGE RATE CLAIMED**--Enter the rate of reimbursement being claimed for private vehicle use.
- (15) **CLAIMANT'S CERTIFICATION AND SIGNATURE**--Your signature certifies that expenses claimed were actually incurred and that the cost of operating the is at or above the rate claimed.
- (16) **SIGNATURE OF OFFICER APPROVING PAYMENT**--Certifies and authorizes travel; approves expenses as incurred on State business.
- (17) **SIGNATURE OF AUTHORITY FOR SPECIAL EXPENSES**--When a claim for conference or convention expense under Section 599.635 of the DPA regulations and detailed in SAM Section 0724 is included, or when reimbursement of a business expense exceeds \$25.00 or when reimbursement for Bar dues or license fees is included, the signature of the approving officer is required, either on a separate document attached to this claim or by signature in this block.

**\* PRIVACY STATEMENT**

The information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that the following notice be provided when collecting personal information from individuals.

**AGENCY NAME:** Appointing powers and the State Controller's Office (SCO).

**UNITS RESPONSIBLE FOR MAINTENANCE:** The accounting office within each appointing power and the Audits Division, SCO, 3301 C Street, Room 404, Sacramento, CA 95816.

**AUTHORITY:** The reimbursement of travel expenses is governed by Government Code Sections 19815.4(d), 19816, and 19820. These sections allow the Department of Personnel Administration (DPA) to establish rules and regulations which define the amount, time, and place that expenses and allowances may be paid to representatives of the State while on State business.

**PURPOSE:** The information you furnish will allow the above-named agencies to reimburse you for expenses you incur while on official State business.

**OTHER INFORMATION:** While your social security account number (SSAN) and home address are voluntary information under Civil Code Section 1798.17, the absence of this information may cause payment of your claim to be delayed or rejected. You should contact your department's Accounting Office to determine the necessity for this information.

APPENDIX C  
(Continued)  
**See Instructions and "Privacy  
Statement On Reverse Side**

Page 1 of 1 Pages

CLAIMANT'S NAME SUNNY DAYS			SSAN OR EMPLOYEE NUMBER* 444-43-4444		DEPARTMENT MILITARY	
POSITION ENGINEER		CB/D NUMBER MGMT	DIVISION OR BUREAU FACILITIES			INDEX NUMBER 3799
RESIDENCE ADDRESS* 123 FALL COURT			HEADQUARTERS ADDRESS 9800 GOETHE ROAD			TELEPHONE NUMBER 854-1111
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
SACRAMENTO	CA	95800	SACRAMENTO	CA	95826-9101	

(1) MONTH/YEAR JUL 97		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2)				(5) BREAK- FAST	LUNCH	O.T., L.T., N.C. RELO. OR DINNER		(7) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES	AMOUNT		
24	0730	Camp Roberts	8 50			24 00		PC		300	72 00		104 50	
25			8 50			24 00							32 50	
26	1630	Sacramento				23 50		PC		300	72 00		95 50	
		Only Represented Employees can claim non-commercial rates.												
(10) SUBTOTALS			17 00			71 50					144 00			

**CLAIM TOTAL**

\$ 232.50

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
To Attend Engineer Conference Planning Meeting

[illegible]

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE  
7/28/97

(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT  
 /S/ SCOTT DAY

DATE  
7/30/97

(17.) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)

DATE \_\_\_\_\_

**TRAVEL EXPENSE CLAIM**

STD 262 A (REV. 10/92)

**INSTRUCTIONS**

Expense accounts are to be submitted at least once a month and not more often than twice a month, except where the amount claimed is less than \$10, the claim need not be submitted until it exceeds \$10 or until June 30, whichever occurs first. Requests for reimbursement of out-of-state travel expenses must be claimed separately. Requests for reimbursement of travel expenses which are incurred in different fiscal years must be claimed separately. A brief statement, one line if possible, of the purpose or objective, of the trip must be entered on the line immediately below the last entry for each trip. If the claim is for several trips for the same purpose or objective, one statement will suffice for those trips. Vouchers which are required in support of various expenses must be arranged in chronological order and attached to the claim. Each voucher must show the date, cost, and nature of the expense.

**MULTIPLE PAGES**--If your claim is more than one page, indicate page number and total number of pages. DO NOT total each page. Use subtotals and enter the total amount of the claim on the last page of the claim in the space for "TOTALS" and "CLAIM TOTAL."

**COLUMN ENTRIES**

(1) **MONTH/YEAR**--Enter numerical designation of month and last two digits of the year in which the first expenses shown on the form were incurred.

(2) **DATE/TIME**--Enter date and time of departure on the appropriate line using twenty-four-hour clock (example: 1700 = 5:00 p.m.). Show time of departure on date of departure, show time of return on the date of return. If departure and return are on the same date, enter departure time above and return time below on the same line. Where the first date shown is a continuation of trip, enter "Continuing" above that date, and where a trip is continuing beyond the last date shown, write "Continuing" after the last date.

(3) **LOCATIONS WHERE EXPENSES WERE INCURRED**--Enter the name of the city, town, or location where expenses were incurred. Abbreviations may be used.

(4) **LODGING**--Enter the actual cost of the lodging not to exceed the maximum amount authorized by current Department of Personnel Administration (DPA) regulations, bargaining agreements and detailed in the State Administrative Manual (SAM) Sections 0721 to 0724. A receipt is required for any expenditure of \$25 or more.

(5) **MEALS**--Enter the actual cost of each meal not to exceed the maximum amount for each meal as authorized by current DPA regulations, bargaining agreements and detailed in SAM Sections 0761 to 0763. Dinner column is to be used to claim dinner on regular travel, overtime meals, and long term, noncommercial and relocation daily meal expenses.

**OVER TIME MEAL AND BUSINESS RELATED MEAL**--Enter the actual cost of the meal not to exceed the maximum amount authorized by current DPA regulations, and bargaining agreements. Refer to DPA Management Memos for receipt requirements.

(6) **INCIDENTALS**--Enter the total actual cost of incidentals not to exceed the maximum amount authorized by current DPA regulations and agreements.

(7) **TRANSPORTATION**--Purchase the least expensive round-trip or special rate ticket available. Otherwise the difference will be deducted from the claim. If you travel between the same points without using round-trip tickets, an explanation should be given.

(A) **COST OF TRANSPORTATION**--Enter the cost of cash purchase of transportation. Show how transportation was obtained if fare was not purchased for cash. Use "CC" for credit card and "C" for cash. If transportation was paid by the State, enter method of payment only. Use "SCC" for State credit card, "TO" for ticket order or "BSA" for billed to State agency. Attach all passenger coupons and ticket order stubs including the unused portion of tickets, other credit documents or premiums, where credits or refunds are due to the State.

(B) **TYPE OF TRANSPORTATION USED**--Enter method of transportation used. Use "R" for railway, "B" for bus, airporter, light rail, or BART, "A" for scheduled commercial airline, "RA" for rental aircraft, "DA" for department-owned aircraft, "PA" for privately owned aircraft, "PC" for privately owned car, truck or other privately owned vehicles, "SV" for specially equipped vehicle for the handi-

capped, "SC" for State vehicles, "RC" for rental vehicles, "T" for taxi, and "BI" for bicycle. Supervisors shall not authorize the use of motorcycles on official State business, and no reimbursement will be allowed for motorcycles.

(C) **CAREFARE, TOLLS, AND PARKING**--Enter carfare, bridge tolls, and parking charges; attach a voucher for any parking charge in excess of \$6.00 for any one continuous period of parking.

(D) **PRIVATE CAR USE**--Enter number of miles traveled and amount due for mileage for the use of privately owned automobiles as authorized by current agreements, regulations, and detailed in SAM Section 0754.

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APPENDIX D

OFFICE SYMBOL: \_\_\_\_\_

DATE: \_\_\_\_\_

MEMORANDUM FOR State Accounting Section (CAST-SA)

SUBJECT: Request for Travel Advance

1. Request a Travel Advance be issued to \_\_\_\_\_.

SSN \_\_\_\_\_, Phone Number: \_\_\_\_\_.

2. Please mail check to: \_\_\_\_\_.

3. This trip to \_\_\_\_\_

is required for \_\_\_\_\_.

4. Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

5. Estimated Expenditures:

REP/NON-REP

Lodging \_\_\_\_\_ Nights @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Breakfast \_\_\_\_\_ Meals @ \$ 5.50/6.00 = \_\_\_\_\_

Lunch \_\_\_\_\_ Meals @ \$ 9.50/10.00 = \_\_\_\_\_

Dinner \_\_\_\_\_ Meals @ \$ 17.00/18.00 = \_\_\_\_\_

Mileage \_\_\_\_\_ Miles @ \$ .24 .31 = \_\_\_\_\_

Sub-Total \$ \_\_\_\_\_

Less 20% -

Total \$ \_\_\_\_\_

\_\_\_\_\_  
Approving Signature

ACCOUNTING USE ONLY

CHECK NUMBER: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_ DATE: \_\_\_\_\_